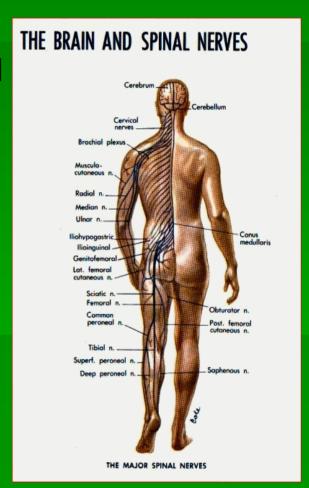


Spinal Muscular Atrophy

What is it?

Spinal Muscular Atrophy (SMA)

- Genetic, motor neuron disease caused by progressive degeneration of motor neurons in the spinal cord
- Manifestation of weakness due to loss of the motor neurons of the spinal cord
- Caused by mutation of the SMN gene
- Term applied to a number of different disorders
- Wide range of severity affecting infants through adults



What Causes SMA?

- SMA is an autosomal recessive genetic disease
 - In order to be affected by SMA, both parents must be carriers of the gene and both must pass this gene on to the child
- An individual with SMA has a missing or mutated gene (SMN1, or survival motor neuron 1) which affects motor neurons and how they function
 - Without the protein nerve cells atrophy, shrink and eventually die, resulting in muscle weakness

Who is Affected?



- SMA is one of the most prevalent genetic disorders
- SMA can strike anyone of any age, race or gender
- One in every 6,000 babies is born with SMA
- Children diagnosed before age two, 50 percent will die before their second birthday
- One in every 40 people carries the gene that causes SMA
 - The child of two carriers has a one in four chance of developing SMA

Types of SMA

Type 1 Infantile SMA - or Werdnig-Hoffmann disease

- generally 0-6 months
- most severe
- inability to ever maintain an independent sitting position.

Type 2 Intermediate SMA

- generally 7-18 months
- children who are never able to stand and walk, but are able to maintain a sitting position at least some time in their life

Type 3 Juvenile SMA - or Kugelberg-Welander disease

- generally >18 months
- Individuals are able to walk at some time in life

Type 4 Adult SMA

- Weakness usually begins in late adolescence in tongue, hands, or feet then progresses to other areas of the body
- Course of disease is much slower and has little or no impact on life expectancy

Symptoms

- Type 1 Infantile SMA, Werdnig-Hoffmann disease (0-6mths)
 - floppiness of the limbs and trunk
 - feeble movements of the arms and legs
 - swallowing and feeding difficulties
 - impaired breathing
- **Type 2 Intermediate** (7-18mths)
 - respiratory problems
 - floppy limbs
 - decreased or absent deep tendon reflexes
 - twitching of arm, leg, or tongue muscles

Symptom Cont.

- Type 3 Juvenile SMA, Kugelberg-Welander disease (> 18mths)
 - abnormal manner of walking
 - difficulty running
 - climbing steps or rising from a chair
 - slight tremor of the fingers

Type 4 Adult SMA

- weakness of muscles in the tongue and face
- difficulty swallowing
- speech impairment
- excessive development of the mammary glands in males

How is it diagnosed?

- If there is evidence of degeneration in lower motor neurons in the spinal cord and brainstem
- A history of motor difficulties
- Evidence of motor unit disease on physical examination



- determines if there is a copy of the SMN1 gene by looking for its sequences
- Electromyography (EMG) or muscle biopsy

Prognoses

- Varies depending on the type of SMA and the degree of respiratory function
- The patient's condition tends to deteriorate over time
- Life expectancy depends on the type you have and how it affects your breathing.
- There is no cure.

Treatment

- All treatment is symptomatic and specific to the type of SMA
- Some specific treatments may include:
 - physical therapy
 - medicines
 - treating respiratory infections
 - treating pneumonia
 - treating curvature of the spine
 - orthotic supports
 - genetic counseling



Organizations for Support



Balancing Life's Tough Times™

FightSMA/Andrew's Buddies

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Families of Spinal Muscular Atrophy

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Spinal Muscular Atrophy

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Muscular Dystrophy Association

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http://www.kennedysdisease.org

Tel: 559-658-5950

Sources

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